

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Foote 1



1. Given Name (First Name) Kelly	2. Surname (Last Name) Foote	3. Effective Date (07-August-2008 31-March-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Deep Brain Stimulation for Treatmer	nt-Resistant Depression: Systematic Review	of Clinical Outcomes

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					× ADD
2. Consulting fee or honorarium	V					× ADD
3. Support for travel to meetings for the study or other purposes	V					× ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×
5. Payment for writing or reviewing the manuscript	V					× ADD
Provision of writing assistance, medicines, equipment, or administrative support	/					×

Foote 2

The Work Under (Consideration for Pul	olication		15.0147 Blade 17		47.11
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	V					>
2. Consultancy		V		Neuropace	Neurosurgery Advisory Board Member	A\D
3. Employment	/					> AL
4. Expert testimony	V					AC
5. Grants/grants pending			V	Medtronic	Fellowship Support	>
5. Grants/grants pending			/	Medtronic	Research Support	×
5. Grants/grants pending			/	ANS/St. Jude	Research Support	×
5. Grants/grants pending			V	Neuropace	Research Support	×
5. Grants/grants pending			V	Boston Scientific	Research Support	×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*		Comments	
5. Grants/grants pending			V	Functional Neuromodulation	Research Support	>
6. Payment for lectures including service on speakers bureaus	/					/A\D
7. Payment for manuscript preparation	V					× Alb
Patents (planned, pending or issued)		V	V	DBS Solutions	DBS targeting software) X
Patents (planned, pending or issued)		V	V	DBS Solutions	Novel DBS cap system	×
9. Royalties	V					A(D)
Payment for development of educational presentations	V					>
1. Stock/stock options	✓					A(D)
Travel/accommodations/ meeting expenses unrelated to activities listed**	V					>
Other (err on the side of full disclosure)	V					/A\D

^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Section 4.	Other relationships
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	ntionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.
	Hide All Table Rows Checked 'No' SAVE

Evaluation and Feedback

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1. Given Name (First Name) Takashi	Surname (Last Name) Morishita	3. Effective Date (07-August-2008 24-February-2014
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Kelly D. Foote
5. Manuscript Title Deep Brain Stimulation for Treatmen	t-Resistant Depression: Sys	tematic Review of Clinical Outcomes

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The Work Under Consideration	for Pul	olication				
Туре	No	Morey Paid WYou H	MoneyAo Your nstlution	Mamesoffliffly	Comments	
1. Grant	П			Fellowship Grant	Japan Society for Promotion of Science	×
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2. Consulting fee or honorarium	$\overline{\langle}$	- [×
						/:(D)D)
3. Support for travel to meetings for the study or other purposes	\checkmark					×
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 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
point committees, and an arrange						/((0)0)
5. Payment for writing or reviewing the manuscript	V					×
1						17/010)



The Work Under Consideration	Work Under Consideration for Publication					
Туре	No	Money Baid CoYou	Money to Your Unstitution	Mamerofillinthy	Commente (11)	
6. Provision of writing assistance, medicines, equipment, or administrative support	V					×
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7. Other						×
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Type of Relationship (in alphabetical order)	Mo	Baidko	Money@ Wour UnstRution*	Hintityy	Comments	
1. Board membership	V				d Linear transfer of the second	/AY
. Consultancy	/					
. Employment	/					\\$Y
. Expert testimony	✓					/AY
. Grants/grants pending	V					Y:\$\
. Payment for lectures including service on speakers bureaus	V					/AV

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Relevant financial activities out	tside th	e submitte	d work			
Typerofiteliationship(lin alphabeticalorder)	1810	Plaidko	Money (to Your hattution)	FintBy	Gomments	
		11				(4(a)a)
7. Payment for manuscript preparation	V					ж
						\\(\fold\)
Patents (planned, pending or issued)	\checkmark					Ж
						1:(0)0)
9. Royalties	\checkmark					X
						/4(0)0)
 Payment for development of educational presentations 	\checkmark					×
			100			\\(\b)(\b)
11. Stock/stock options	\checkmark					(A(DID)
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					× (4)910)
13. Other (err on the side of full disclosure)	/					X (did)
* This means money that your institution ** For example, if you report a consultan	received cy above	for your effor there is no ne	rts. eed to report tr	avel related to that consult	ancy on this line.	1.010
Section 4. Other relations	aqlif					
Are there other relationships or active potentially influencing, what you wro	ities that ote in the	t readers cou e submitted	ıld perceive t work?	o have influenced, or the	at give the appearance of	f
No other relationships/condition	s/circum	stances that	present a po	tential conflict of interes	st	
Yes, the following relationships/c						

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1. Given Name (First Name) Sarah	Surname (Last Name)Fayad	3. Effective Date (07-August-2008 31-March-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Kelly Foote, MD
5. Manuscript Title		
Deep Brain Stimulation for Treatment	-Resistant Depression: Sys	tematic Review of Clinical Outcomes

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
						ADD
2. Consulting fee or honorarium	V					×
						ADD
Support for travel to meetings for the study or other purposes	V					×
the study of other purposes						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×
						ADD
Payment for writing or reviewing the manuscript	V					×
						ANDID
Provision of writing assistance, medicines, equipment, or administrative support	V					×

The Work Under Cor	nsideration for Puk	olication		ACCUMULATION OF THE PARTY OF		
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	V					×
						A(D)D

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
I. Board membership	V					
2. Consultancy	V					A
8. Employment	/					A
. Expert testimony	/					A
. Grants/grants pending	V					A
s. Payment for lectures including service on speakers bureaus	/					
7. Payment for manuscript preparation	V					All

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ANDI
Patents (planned, pending or issued)	✓					×
						/A(D)I
9. Royalties	/					×
						ADI
Payment for development of educational presentations	✓					×
						ADI
1. Stock/stock options	V					×
						ADI
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
delivities listed						ADI
Other (err on the side of full disclosure)	V					×
						/A(D)1
* This means money that your institution ** For example, if you report a consultan	received	for your eff	orts. need to report trave	I related to that consul	Itancy on this line.	

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1. Given Name (First Name) Masa-aki	2. Surname (Last Name) Higuchi	3. Effective Date (07-August-2008 24-February-2014
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Τίγρε	Mo	Raid	Money to Your natitution*	Mamerofffittty	Comments ^{er;}	
1. Grant	V					*
2. Consulting fee or honorarium	/					/A(did)
3. Support for travel to meetings for the study or other purposes	V					× (A) (D) (D)
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×
5. Payment for writing or reviewing the manuscript	V					/4(DID) /4(DID)
Provision of writing assistance, medicines, equipment, or administrative support	\checkmark					×



The Work	Under Consideration	on for Pul	olication				
	Тууре	No	Money Paid Wali	Money to Your Institution"	Name of Entity	Comments**	
I HALFE THE STATE OF	MINERAL WITH THE STATE OF THE S						1:1010)
7. Other		✓					/4(D1D)

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Relevant financial activities ou	tside th	e submit	ted work			
Type of Relationship (lin alphabettallowler)	ol/di	Raitko	Mionay/to Your Institution	Entity	(Comments	
1. Board membership	V					×
						17/010)
2. Consultancy	V					×
						15/0/0)
3. Employment	V					×
						(4(d))
4. Expert testimony	\checkmark					×
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5. Grants/grants pending	\checkmark					×
						/4(p10)
Payment for lectures including service on speakers bureaus	\checkmark					×
						1:(0)0)
7. Payment for manuscript preparation	\checkmark					×

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Relevant financial activities out	side the s	ubmitted worl	«			
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educational presentations						/ <u>(</u> ((010)
11. Stock/stock options	$\overline{\checkmark}$					×
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Other (err on the side of full disclosure)	/					×
* This means money that your institution ** For example, if you report a consultance	received for y above ther	your efforts. e is no need to rep	ort travel related to	that consultar	ncy on this line.	/A(D)D)
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Are there other relationships or activity potentially influencing, what you wro			ive to have influe	nced, or that	give the appearance	of
✓ No other relationships/conditions	/circumstar	nces that present	a potential confli	ct of interest		
Yes, the following relationships/co	onditions/ci	rcumstances are	present (explain l	below):		
At the time of manuscript acceptance On occasion, journals may ask authors	, journals w s to disclose	rill ask authors to e further informa	confirm and, If ne tion about reporte	ecessary, upd ed relationshi	ate their disclosure sta ps.	atements.
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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

1. Given Name (First Name) Kelsey	2. Surname (Last Name) Nestor	3. Effective Date (07-August-2008 31-March-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Kelly D. Foote, M.D.
5. Manuscript Title Deep Brain Stimulation for Treatmer	it Resistant Depression: Sys	stematic Review of Clinical Outcomes

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

		Money	Money to			
Туре	No	Paid to You	Your Institution*	Name of Entity	Comments**	
1. Grant	/					× ADD
2. Consulting fee or honorarium	V					× ADD
3. Support for travel to meetings for the study or other purposes	V					×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×
						ADD
5. Payment for writing or reviewing the manuscript	V					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	V					×

Nestor

		Money		DESCRIPTION OF THE PERSON OF T		
Туре	No	Paid to You	Your Institution*	Name of Entity	Comments**	
			F			ADD
7. Other	/					×
						ADID

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	V					
						/A
. Consultancy	V					
						/A
. Employment	V					
. Expert testimony	1					A
. Expert testimony	V					/A
. Grants/grants pending	V					
	_					/A
. Payment for lectures including service on speakers bureaus	V					
						A
7. Payment for manuscript preparation	V					

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	V				
9. Royalties	V				
Payment for development of					
educational presentations	✓				
1. Stock/stock options	V				
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	V				
Other (err on the side of full disclosure)	V				
* This means money that your institution ** For example, if you report a consultanc	received cy above	for your eff there is no 1	orts. need to report trav	vel related to that consult	tancy on this line.
Section 4. Other relationsh	nips				
Are there other relationships or activi potentially influencing, what you wro				have influenced, or th	at give the appearance of
✓ No other relationships/conditions	s/circum	stances th	at present a pote	ential conflict of intere	st
Yes, the following relationships/co	ondition	s/circums	tances are prese	nt (explain below):	

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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